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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	
Filing Date	June 29, 2005
First Named Inventor	SUN et al.
Title	4-Nitro-2...
Art Unit	
Examiner Name	
Attorney Docket Number	8231.015

I hereby appoint:

 Practitioners associated with the Customer Number:

28410

OR

 Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

 The address associated with the above-mentioned Customer Number:

OR

 The address associated with Customer Number:

OR

<input type="checkbox"/>	Firm or Individual Name	
Address		
Address		
City	State	Zip
Country		
Telephone	Fax	

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Zhuangrong SUN
Signature	<i>Zhuangrong SUN</i>
Date	<i>2005.7.26</i>
	Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 4 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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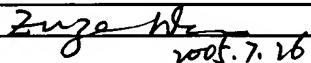
Applicant/Inventor.



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SIGNATURE of Applicant or Assignee of Record

Name	Zuze WU		
Signature			
Date	2005.7.26	Telephone	

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Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Zhongxiong TANG
Signature	<i>Zhongxiong Tang</i>
Date	2005.7.26
Telephone	

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<input type="checkbox"/>	Country	Zip
<input type="checkbox"/>	Telephone	Fax

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Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Name	Aiquan LIU
Signature	<i>Aiquan LIU</i>
Date	2005. 7. 26

Telephone

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration
Submitted
With Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number	8231.015
First Named Inventor	SUN et al.
COMPLETE IF KNOWN	
Application Number	
Filing Date	June 29, 2005
Art Unit	
Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**4-NITRO-2-[(4'-METHOXY)-PHENOXY]-METHANESULFONANILIDE DERIVATES AND
THEIR PHARMACEUTICAL USE**

(Title of the Invention)

the specification of which

 is attached hereto

OR

 was filed on (MM/DD/YYYY) 06/29/2005 as United States Application Number or PCT InternationalApplication Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes	Certified Copy Attached? No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number: 28410 OR Correspondence address below

Name

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Zhuangrong	Family Name or Surname SUN
---	----------------------------------

Inventor's Signature <i>Zhuangrong</i>	Date <i>2005.7.26</i>
--	--------------------------

Residence: City Beijing	State	Country China	Citizenship China
----------------------------	-------	------------------	----------------------

Mailing Address
c/o Institute of Radiation Medicine, Academy of Military Medical Sciences, PLA, No. 27, Taiping Road

City Beijing	State	ZIP 100850	Country China
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NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Zuze	Family Name or Surname WU
---	---------------------------------

Inventor's Signature <i>Zuze</i>	Date <i>2005.7.26</i>
--	--------------------------

Residence: City Beijing	State	Country China	Citizenship China
----------------------------	-------	------------------	----------------------

Mailing Address
c/o Institute of Radiation Medicine, Academy of Military Medical Sciences, PLA, No. 27, Taiping Road

City Beijing	State	ZIP 100850	Country China
-----------------	-------	---------------	------------------

Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**

Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))		Family Name or Surname		
Zhongxiong		Tang		
Inventor's Signature <i>Zhongxiong</i>			Date <i>2005.7.26</i>	
Beijing Residence: City	State	CHINA Country	China Citizenship	
c/o Institute of Radiation Medicine, Academy of Military Medical Sciences, PLA, No. 27, Taiping Road				
Mailing Address				
Beijing City	State	100850 Zip	China Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))		Family Name or Surname		
Aiquan		LIU		
Inventor's Signature <i>Aiquan</i>			Date <i>2005.7.26</i>	
Beijing Residence: City	State	China Country	CHINA Citizenship	
c/o Institute of Radiation Medicine, Academy of Military Medical Sciences, PLA, No. 27, Taiping Road				
Mailing Address				
Beijing City	State	100850 Zip	China Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))		Family Name or Surname		
Inventor's Signature				Date
Residence: City	State	Country	Citizenship	
Mailing Address				
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